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FEB 04 2005

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000277 7590 12/20/2004

PRICE HENEVELD COOPER DEWITT & LITTON, LLP
 695 KENMOOR, S.E.
 P O BOX 2567
 GRAND RAPIDS, MI 49501

02/07/2005 MGEBREM2 00000055 09889620

01 FC:1501 1400.00 OP
 02 FC:8001 30.00 OP

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Carl S. Clark	(Depositor's name)
	(Signature)
2/1/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/889,620	07/19/2001	John P. Biel Jr	BEN02P-345	7127

TITLE OF INVENTION: VACUUM-INSULATED EXHAUST TREATMENT DEVICES WITH RADIALLY-EXTENDING SUPPORT STRUCTURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/21/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
TRAN, HIEN THI		1764	422-179000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Price, Heneveld,
 Cooper, DeWitt &
 2 Litton, LLP
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Benteler Automotive Corporation Auburn Hills, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2463 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 2/1/05

Typed or printed name Carl S. Clark

Registration No. 28 288

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